



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **ORGAN AND TISSUE DONATION**

**Effective Date:** August 22, 2006

**Policy #:** PH-05

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**I. PURPOSE:** To clarify issues regarding potential organ, tissue, and eye donations from Montana State Hospital patients. To ensure compliance with State and Federal laws for organ and tissue donation.

**II. POLICY:**

- A. Montana State Hospital recognizes LifeCenter Northwest, Northwest Tissue Center and the Northwest Lions Eye Bank as the designated regional organ, tissue and eye donation agencies and maintains contracts with these agencies.
- B. Montana State Hospital recognizes the right of every individual to determine the disposition of his/her organs and tissues upon death. When a patient has not made his/her wishes known through the donor registry, or through a properly executed document of gift, this hospital believes that all families of potential donors should be offered the option of donation. Staff of this hospital and the donation agencies exercise discretion and sensitivity for the circumstances, beliefs and desires of the families of potential donors.
- C. Prior to family approach, all patient deaths at Montana State Hospital will be reported to the Donor Referral Line, regardless of age or medical/social history, to determine medical suitability for tissue and eye donations.
- D. Montana State Hospital does not provide services to severely brain injured, ventilator dependent patients meeting the defined criteria for imminent death. Neither does Montana State Hospital have an operating room. Therefore no organ donations will occur.
- E. Montana State Hospital works cooperatively with the donation agencies in reviewing death records to improve identification of potential donors.
- F. Montana State Hospital works cooperatively with the donation agencies in educating staff on donation issues.

**III. DEFINITIONS:**

- A. Imminent death - a severely brain injured, ventilator dependent patient, with either clinical findings consistent with a Glasgow Coma Scale (GCS) of 5 or less, or a plan to discontinue mechanical or pharmacological support.

**IV. RESPONSIBILITIES:**

- A. The Nurse Manager and/or designated staff are responsible for following the guidelines of this policy.
- B. The Purchasing Specialist shall be responsible for maintaining contracts.

**V. PROCEDURE:**

- A. At the time of all patient deaths the Nurse Supervisor or designee will contact the Donor Referral Line at **1-(888) 266-4466** to evaluate medical suitability for donation, regardless of age or medical/social history. The referral call is placed prior to family approach.
- B. The Northwest Tissue Center, Northwest Lions Eye Bank coordinator will facilitate family notification of patient's donor registration and/or approach the family with the help of hospital staff. Once medical suitability is determined by the donor coordinator, hospital staff can introduce the topic of donation to the potential donor family and then connect the family to the donor coordinator over the phone. The donor coordinator is then responsible for providing donation information and gaining consent if the family wishes to donate.
- C. The Northwest Tissue Center is responsible for transporting the donor to the Northwest Tissue Center's operating room facility to perform tissue recovery. Eye only recovery may occur in the patient room, funeral home or the morgue. Northwest Tissue Center and Northwest Lions Eye Bank assume all charges related to tissue and eye donation.
- D. In the event of pending tissue/eye donation and in consultation with the appropriate agency, the Nurse Supervisor or designee will ensure the following:
  - 1. Tissue Donor: Cool body as soon as possible
  - 2. Eye Donor: Saline irrigation to eyes  
Eyelids completely closed  
Elevate head of bed
- E. The Nurse Supervisor or designee will document outcomes of the referral call, medical suitability and request (if applicable) in Sections I. and II. of the **Organ & Tissue Donor Inquiry/Information to Funeral Home** form (see Attachment A).
- F. The Nurse Supervisor or designee will complete all information regarding notification and disposition in Sections III. and IV. of the **Organ & Tissue Donor Inquiry/Information to Funeral Home** form.
- G. The Organ & Tissue Donor Inquiry/Information to Funeral Home form is filed in the deceased patient's medical record under the Legal section.

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Thomas Gray, MD Date  
Acting Medical Director

**ORGAN & TISSUE DONOR INQUIRY****I. ELIGIBILITY - Prior to approaching the family:**

A. The Donor Referral Line must be contacted on ALL deaths & imminent deaths to determine medical suitability for donation. and assessment for donor registration.

**Ventilated Patients: PHONE - 1(888) 543-3287**

**Non-Ventilated Patients: PHONE - 1(888) 266-4466**

\_\_\_\_\_  
Name of Donation Agency Coordinator

\_\_\_\_\_  
Referral Reference # from Donor Referral Line

B. Candidate for Organ/Tissue Donation:

☐ YES

☐ NO - Reason \_\_\_\_\_

The patient is a potential donor for the following organs/tissues (check all that apply):

☐ Organs

☐ Bones/Tissue

☐ Heart for valves

☐ Eyes

**IF DETERMINED NOT MEDICALLY SUITABLE TO DONATE-  
PROCEED TO REPORT OF DEATH SECTION.**

**II. REQUEST**

**Donor Registration: Donation agency coordinator will provide a confirmation form to place in the chart. No Family consent is necessary.**

A. Donation Agency Coordinator OR Hospital Trained Designated Requestor to approach family with coordinator guidance.

\_\_\_\_\_  
(Name)

B. Name & Relationship of next-of-kin to whom Request made:

\_\_\_\_\_  
(Name)

C. Response of Family:

☐ Yes - Complete Consent for Organ and Tissue

☐ No - Indicate family reason for denial.

D. Medical Examiner (ME)/Coroner -if applicable

\_\_\_\_\_  
(Name/County)

**INFORMATION TO FUNERAL HOME****III. NOTIFICATION**

A. Patient Name \_\_\_\_\_

Social Sec.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Date Admitted \_\_\_\_\_ Time \_\_\_\_\_

Date of Death \_\_\_\_\_ Time \_\_\_\_\_

B. Next-of-kin (name/address/phone)

C. Primary Physician(s):

D. Was patient in isolation at time of death:

☐ YES, what type \_\_\_\_\_

☐ NO

E. ME/Coroner's Case ☐ YES ☐ NO

Body Released ☐ YES ☐ NO

Released for Donation ☐ YES ☐ NO

Name of ME/Coroner notified:

Time Notified: \_\_\_\_\_

F. Autopsy:

☐ YES, requester \_\_\_\_\_

(fill out autopsy form)

☐ NO

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

**IV. DISPOSITION**

A. Disposition of valuables / Belongings

☐ To family ☐ To funeral home ☐ Kept on unit

B. Funeral Home: (Name/phone number)

C. Funeral Home Notified by:

\_\_\_\_\_  
Time: \_\_\_\_\_

\_\_\_\_\_  
Signature from Funeral Home

\_\_\_\_\_  
Date/Time

**Persons Authorized to Consent/Next-of-kin Hierarchy: (Washington)**

- 1) Durable Power of Attorney of Health Care
- 2) Legal Guardian
- 3) Spouse
- 4) Son or Daughter (18 years of age or older)
- 5) Parent
- 6) Brother or Sister (18 years of age or older)
- 7) Any Other Person Legally Authorized

**The Medical Examiner/Coroner will need to be notified for release of body and to request permission for Organ and/or Tissue Donation and in the following cases:**

- Homicide
- Suicide
- Accident
- Unknown or doubtful cause
- Trauma
- Drug related
- Deaths within 24 hours of admission

**Persons Authorized to Consent/Next-of-Kin Hierarchy: (Idaho)**

- 1) Durable Power of Attorney of Health Care
- 2) Spouse
- 3) Son or Daughter (18 years of age or older)
- 4) Parent
- 5) Grandparent
- 6) Legal Guardian

**The Medical Examiner/Coroner will need to be notified for release of body and to request permission for Organ and/or Tissue Donation and in the following cases:**

- Homicide
- Suicide
- Accident
- Unknown or doubtful cause
- Trauma
- Drug related
- Deaths within 24 hours of admission

**Persons Authorized to Consent/Next-of-kin Hierarchy: (Montana)**

- 1) Durable Power of Attorney of Health Care
- 2) Spouse
- 3) Son or Daughter (18 years of age or older)
- 4) Parent
- 5) Adult Brother or Sister
- 6) Grandparent
- 7) Legal Guardian

**The Medical Examiner/Coroner will need to be notified for release of body and to request permission for Organ and/or Tissue Donation and in the following cases:**

- Homicide
- Suicide
- Accident
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## **ATTACHMENT B**

### **ADDENDUM TO LIFECENTER NORTHWEST DONOR HOSPITAL MEMORANDUM OF AGREEMENT**

Notwithstanding any of the above provisions, Montana State Hospital does not have the capability to provide ventilator support or operating room support for organ or tissue donation. This means that patients who die at Montana State Hospital would not be candidates for organ donation. Possibly, there could be cases of tissue or eye donation. In such case, Montana State Hospital can provide the facilities of its Medical Clinic or hospital unit examining rooms to assist with tissue or eye donations as performed by specialized personnel from the tissue or eye centers. Montana State Hospital does not have facilities for hypothermia or any specialized maintenance procedures prior to organ or tissue donation.